No.7-165/2016/NVBDCP/DEN
Government of India
Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi
Dated the 9th June, 2016

Notification of Dengue Cases

Dengue has become a major public health concern in country accounting for substantial morbidity and mortality. As there is no specific drug and commercially available vaccine, prevention is the only strategy for Dengue. Therefore, early reporting of Dengue cases is necessary for implementing preventive measures before it spreads further in an epidemic proportion.

In order to ensure early diagnosis & case management, reduce Dengue transmission, address the problems of emergency and spread of disease in newer geographical areas, it is essential to have complete information of all Dengue cases. Therefore, the healthcare providers shall notify every Dengue case to local authorities i.e. District Health Officer/Chief Medical Officer of the district concerned and Municipal Health Officer of the Municipal Corporation/Municipality concerned every week (daily during transmission period) in prescribed format.

For the purpose of case definition, a Dengue case is defined as follows:

- **Probable DF/DHF:**
  A case compatible with clinical description of Dengue Fever " An acute febrile illness of 2-7 days duration with two or more of the following manifestations:

  Headache, retro-orbital pain, myalgia, arthralgia, rash, haemorrhagic manifestations."

  OR

  "Non-ELISA based NS1 antigen/IgM positive"

  (*A positive test by RDT will be considered as probable due to poor sensitivity and specificity of currently available RDTs.*)

- **Confirmed Dengue Fever:**
  A case compatible with the clinical description of Dengue fever with at least one of the following:-
  - Demonstration of Dengue virus antigen in serum samples by NS1-ELISA.
  - Demonstration of IgM antibody titre by ELISA positive in single serum sample.
  - Detection of viral nucleic acid by polymerase chain reaction (PCR).
  - Isolation of the Dengue virus (Virus culture +VE) from serum, plasma, leucocytes.
  - IgG seroconversion in paired sera after 2 weeks with Four fold increase of IgG titre.

For the purpose of this notification, healthcare providers will include clinical establishments run or managed by the Government (including local authorities), private or NGO sectors and/or individual practitioners under Clinical Establishments (Registration & Regulation) Act, 2010.

The doctors in Government Health institutions and the registered medical private practitioners of the private hospitals/ clinics are required to immediately inform the office of the District Health Authority of concerned district, if a suspected case of Dengue is reported at their health institution.

The blood samples of the all Dengue suspected cases have to be sent at the Sentinel Surveillance Hospital (SSH), to be tested by ELISA technique. A patient can be declared positive for Dengue only on the basis of ELISA technique of testing and not by RDT. A patient can be declared as probable case for Dengue only on the basis of RDT technique of testing by using NS1 or IgM (Not IgG). The information of the positive case of the Dengue should be sent to the office of the District Health Authority immediately after the diagnosis.

The management of the Dengue probable/confirmed cases need to the done as per the guidelines issued by the Government of India from time to time and available on the website of Directorate of National Vector Borne Disease Control Programme (NVBDCP), Government of India. For more detailed information, the concerned State Programme Officers, NVBDCP, whose details are available on www.nvbdcp.gov.in may be contacted.

(S.Natarajan)
Deputy Secretary to the Government of India
Tel:23062432

Copy for immediate further necessary action, to:

1) All Principal Secretaries/Secretaries of Health of States/UTs
2) All Directors of Health Services of States/UTs
3) All State Programme Officers, NVBDCP of States/UTs

} With the request to kindly immediately bring this order to the notice of all concerned for compliance, in their respective State/UT

CC for Information to:

1. PS to Union Minister of Health & Family Welfare
2. PPS to Union Secretary(HFW)/DGHS/Union Secretary(AYUSH)/Union Secretary(HR) & DG-ICMR/Spl.DGHS
3. All PSs to Addl. Secretaries & Joint Secretaries in MOHFW/GOI
4. Director, NVBDCP/All Dy. Director Generals, Dte.GHS
5. Director (Media) MOHW/GOI
6. All Regional Directors (HFW/GOI) – with request to facilitate wide dissemination of this Govt. Order, for compliance, in respective States/UTs.
7. Websites of MOHFW/GOI (www.mohfw.nic.in) and National Vector Borne

Plagiarism Checker

89% Unique Content

#	String	Uniqueness
1	Copy and paste your article here and click "Check	Already Exists
2	spread alarmingly. Dengue virus has grown dramatically worldwide	Good
3	recent years [1].Dengue fever is also known as breakbone fever	Good
4	dengue virus.[2] Dengue Virus is an arbovirus of the Flaviviridae family	Good
5	Flavivirus genus. Dengue is an enveloped virus, 40-60 nanometer	Good
6	enveloped virus, 40-60 nanometer in size, with an isometric	Good
7	nanometer and a ~10.7 kb, linear, positive-sense RNA genome.[3]	Good
8	positive-sense RNA genome.[3] Its genome is about 11000 bases and codes	Good
9	(capsid protein C,(PM) membrane protein M, envelope protein	Good
10	proteins for (NS1, NS2a, NS2b, NS3, NS4a, NS4b, NS5). It also	Good
11	NS4a, NS4b, NS5). It also includes some short non-coding	Good

#	String	Uniqueness
12	(DHF/DSS) [6]. Basically dengue fever is characterized	Good
13	by high fever, head-ache, muscle joint pain, myalgia, arthralgia,	Good
14	pain, myalgia, arthralgia, and rash. The severe form of	Good
15	form of disease, it is defined by an increase in vascular	Good
16	("plasma leakage"), hemorrhagic blooming, and decreased platelet	Good
17	progress to DSS, which is associated with hypotension or	Already Exists
18	[8] generally, people infected with dengue virus are asymptomatic (80%)	Good
19	fever [9][10][11]. Others have severe illness (5%), and in	Good
20	illness (5%), and in a small proportion, dengue is life-threatening	Good
21	life-threatening [9][11].The incubation period (time between exposure	Good
22	14 days hardly, but most often it is 4 to 7 days [12].Therefore,	Good
23	to 7 days [12].Therefore, travelers returning back from	Good
24	arriving home [13] .Children often experience symptoms similar	Good
25	complications, though beginning symptoms are generally	Good

#	String	Uniqueness
26	(DENV-1–5) [16, 17]. Each serotype may be subclassified	Good
26	(DENV-1–5) [16, 17]. Each serotype may be subclassified	Good
27	genotypes [18]. The various serotypes or genotypes have	Good
28	regions [19].DENV-1 and DENV-2 are reported to be prevalent	Good
29	throughout the world, while DENV-3 and DENV-4 seem to be limited	Good
30	countries [20-23]. A new serotype of DENV-5 was recently identified.	Good
31	recently identified. The fifth and latest addition to the existing	Good
32	October 2013. DENV-5 has been detected during screening	Already Exists
33	the year 2007. The infection in the farmer was initially	Already Exists
34	Aedes mosquitoes, particularly A. aegypti.[10] These mosquitoes	Good
35	an elevation of 1,000 metres (3,300 ft). [10] They typically	Good
36	in the evening, [25, and 26] but they may bite and thus	Good
37	any time of day. [27] Humans are the primary host of the	Good
38	primary host of the virus, [28] but it also circulates in non - human primates.	Good

#	String	Uniqueness
39	human primates. [29] An infection can be acquired via a	**Good**
40	a single bite. [30] A vector female mosquito that takes	**Good**
41	dengue fever, during the starting 2–10 day febrile period,	**Good**
42	febrile period, becomes itself infected with the virus in	**Already Exists**
43	virus in its gut.[31] About 8–10 days later, the virus rises	**Good**
44	into its saliva. The virus seems to have no deleterious effect	**Good**
45	the mosquito, which stay infected for life. [12]	**Good**

Completed: 100% Checked

10% Plagiarism

90% Unique

100% Checked

Dengue virus is primarily transmitted by female Aedes mosquitoes, particularly A.**- Plagiarized**[10] They typically bite during the early morning and in the evening, [25, and 26] but they may bite and thus spread infection at any time of day.**- Unique**[30] A vector female mosquito that takes a blood from a person infected with dengue fever, during the starting 2–10 day febrile period, becomes itself infected with the virus**- Unique**The virus seems to have no deleterious effect on the mosquito, which stay infected for life. [12]**- Unique**International Anti-Dengue Day is observed

every year on June 15. [32] The idea was first agreed upon in 2010 with the first event held in Jakarta, Indonesia in 2011.- **Unique**Aims are to increase public awareness about dengue, mobilize resources for its prevention and control and, to demonstrate the Asian region's commitment in tackling the disease. [33]- **Unique**With four different serotypes of the dengue virus that can cause the disease, the vaccine must immunize against all four types to be effective [24].Vaccination against only one serotype- **Unique**When infected with DEN virus, the immune system produces cross-reactive antibodies that provide immunity to specific that serotype.- **Unique**When macrophages consume the 'neutralized' virus, the virus is able replicate within the macrophage, causing disease.- **Plagiarized**A common problem faced in dengue-endemic regions is when mothers become infected with this viral disease; after giving birth, offspring carry the immunity from their mother and are susceptible- **Unique**One vaccine was in phase III trials in 2012 and planning for vaccine usage and effectiveness surveillance had started. [36]- **Unique**It is based on a weakened combination of the yellow fever virus and each of the four dengue serotypes.[39] [40]Two studies of a vaccine found it was 60% effective and- **Unique**There are ongoing programs working on a dengue vaccine to cover all four serotypes.[43] Now that there is a fifth serotype this will need to be factored in.[24] One of- **Unique**serotypes, does not contribute to ADE, is readily transported and stored, and is both affordable and cost-effective.[44]- **Unique**[45] [46] The primary vector, A. aegypti, spread out of Africa in the 15th - 19th centuries due in part to increased globalization .[15]- **Unique**[46] From that time until 1940, epidemics were infrequent. [46] The first clinically recognized dengue epidemics occurred almost simultaneously in Asia, Africa, and also North America in the 1780s.- **Unique**The dengue fever term came into general use only after 1828.[47]- **Unique**] further investigations by John Burton Cleland and Joseph Franklin Siler completed the basic understanding of dengue virus transmission. [48]- **Unique**The similar trends also led to the spread of different serotypes of the disease to other areas, and to the emergence of dengue hemorrhagic fever.- **Unique**Dengue hemorrhagic fever and dengue shock syndrome were first noted in Central America in 1981, as DENV-2 was contracted by those people who had previously been infected with DENV-1 several- **Unique**

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